

OAKLAWN

FIN 200.1 - ABILITY TO PAY SCHEDULE

For Assessments on or After: July 1, 2022

Inpatient & Outpatient Services Co-Payment Responsibility (as a % of standard full fee)			Size of Household Unit (Number of Family Members)									
Co-Pay %	Assist %	% Poverty	1	2	3	4	5	6	7	8	9	
			Gross Household Income Not to Exceed (as per below)									

Eligible for Enrollment in DMHA Supported Consumer (fka Hoosier Assurance Plan)											
\$5.00 OP	\$25.00 IP	minimum									
0%	100%	150%	\$20,390	\$27,470	\$34,550	\$41,630	\$48,710	\$55,790	\$62,870	\$69,950	\$77,030
20%	80%	200%	\$27,180	\$36,620	\$46,060	\$55,500	\$64,940	\$74,380	\$83,820	\$93,260	\$102,700

Not Eligible for Enrollment in DMHA Supported Consumer (fka Hoosier Assurance Plan)											
40%	60%	250%	\$33,980	\$45,780	\$57,580	\$69,380	\$81,180	\$92,980	\$104,780	\$116,580	\$128,380
70%	30%	300%	\$40,770	\$54,930	\$69,090	\$83,250	\$97,410	\$111,570	\$125,730	\$139,890	\$154,050
90%	10%		over \$40,770	over \$54,930	over \$69,090	over \$83,250	over \$97,410	over \$111,570	over \$125,730	over \$139,890	over \$154,050

NOTE: Insurance co-pays & deductibles are not subject to this ability to pay schedule. Fee assistance will be granted using the above table but will not result in a charge to the patient of less than a **minimum charge of \$5.00 per encounter**. If there is a need to consider further assistance, a charity care application should be completed.

For households greater than 9 members -- for each additional member add \$4,720 to top line and \$14,160 to bottom line.

Gross income rounded to the nearest \$100 (as defined by the Internal Revenue) shall include any source of income of all the family members. (A family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. Unmarried partners are not included when considering family members.)